

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below  
or Bar Code Label

Name

*William Harvey Sproat*

Address

*192 Ridgeway Trail SE*

City

*Cartersville*

State

*Georgia*

ZIP

*30120*

Country

*USA*

Telephone

*770-975-0927*

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

*William Harvey*

Family Name

or Surname

*Sproat*Inventor's  
Signature*William H. Sproat*

Date

*03-03-2004*

Residence: City

*Cartersville*

State

*Georgia*

Country

*USA*

Citizenship

*USA*

Mailing Address

*192 Ridgeway Trail SE*

City

*Cartersville*

State

*Georgia*

ZIP

*30120*

Country

*USA***NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Family Name

or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.